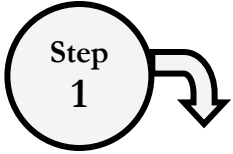


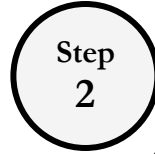
Children's Hunger Alliance Direct Deposit Form



Provider #: _____

Name: _____

Email: _____



What type of account?
(Circle One)

Checking

Savings



Attach your VOIDED check here.



I hereby authorize Children's Hunger Alliance to deposit my reimbursement(s) to either my personal checking or savings account. Funds deposited will equal to 100% of my valid claim amount. *(This includes authorization to correct any deposit entries made in error.) This Direct Deposit Authorization will remain in effect until I give **written notice to cancel it. Children's Hunger Alliance may discontinue Direct Deposit at any time with or without notice.**

Signature: _____ Date: _____



Checking accounts require: A voided check attached to this form (**in Step 5**) **OR** a letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number attached to this form. **We cannot accept bank statements. Checking accounts without checks, should follow the Savings Account Directions below.**

Savings Accounts require: A letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number then attached to this form.

To submit the Direct Deposit Form:

Mail to:

Children's Hunger Alliance
1105 Schrock Road Suite 505
Columbus, OH 43229

-or-

Fax to: 1-614-396-7625

Or

Scan/Email to:
ecnedocuments@childrenshungeralliance.org